

 **ORIGINAL**

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION

CLERK US DISTRICT COURT
NORTHERN DIST. OF TX
FILED

2013 JAN -2 AM 9:17

DEPUTY CLERK 

UNITED STATES OF AMERICA

v.

OLALEKAN SORUNKE (1)

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No. 3:12-CR-311-P
ECF

FACTUAL RESUME

In support of the defendant's plea of guilty to the offense in Count One of the Indictment charging a violation of 18 U.S.C. §§ 1347 and 2, that is, health care fraud and aiding and abetting, the defendant, Olalekan Sorunke, and his counsel, Mitchell Martzen, stipulate and agree to the following:

ELEMENTS OF THE OFFENSE

In order to prove a violation of 18 U.S.C. § 1347 as alleged in Count One of the Indictment, the government must prove each of the following elements¹ beyond a reasonable doubt:

First: That on or about the dates alleged in the indictment, there was either a scheme or artifice: (a) to defraud a health care benefit program; or (b) to obtain any money or property under the custody and control of a health care benefit program by means of material false or fraudulent pretenses, representations, or promises;

Second: That the defendant knowingly and willfully executed the scheme or artifice with knowledge of its fraudulent nature and with specific intent to defraud, or knowingly and intentionally aided and abetted

¹See 18 U.S.C. §§ 1347, 2; *United States v. Klein*, 543 F.3d 206, 210 (5th Cir. 2008); *United States v. Hickman*, 331 F.3d 439, 443-47 (5th Cir. 2003).

others in the scheme;

Third: That the scheme was conducted in connection with the delivery of, or payment for health care benefits, items, or services; and

Fourth: That Medicare was a health care benefit program affecting commerce.

STIPULATED FACTS

The stipulated facts that support the defendant's plea of guilty to Count Two of the Indictment are as follows:

From on or about April 2009, and continuing through on or about August 2011, in the Dallas Division of the Northern District of Texas, and elsewhere, the defendant Olalekan Sorunke ("Sorunke") aiding and abetting others known and unknown to the Grand Jury, in connection with the delivery of and payment for healthcare benefits, items and services, did knowingly and willfully execute and attempt to execute, a scheme and artifice to defraud a healthcare benefit program affecting commerce, as defined in 18, U.S.C. § 24(b), that is, Medicare, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by and under the custody and control of Medicare.

Sorunke was the owner and operator of Lincoln Medical Supply, Inc., ("Lincoln"), a durable medical equipment company ("DME") located in Dallas, Texas. Sorunke maintained a valid Medicare group provider number for Lincoln in order to submit

Medicare claims for durable medical equipment (“DME”) that were not medically necessary or that were not provided to Medicare beneficiaries.

In execution of Sorunke’s scheme and artifice to defraud Medicare, on or about July 30, 2009, Sorunke knowingly and willfully submitted a false claim to Medicare using Lincoln’s Medicare provider number. The claim was fraudulent in that Sorunke provided a heavy duty wheelchair to beneficiary D.F. when Sorunke knew that D.F. did not need a wheelchair, much less a heavy duty chair rated for an individual weighing 300 pounds or more. Sorunke knew that providing a heavy duty wheelchair to a person weighing less than 300 pounds was a knowing attempt to defraud Medicare. The amount fraudulently billed to Medicare for this claim was \$7,689.71. These fraudulently obtained proceeds from Medicare were deposited into Lincoln’s account and were subsequently withdrawn by Sorunke for his own personal use. For the purpose of this plea agreement, the government and Sorunke agree that the relevant loss amount for sentencing guideline calculations is \$691,175.59.

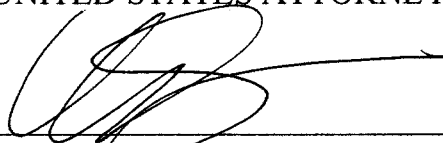
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AGREED TO AND SIGNED this 28th day of December, 2012.

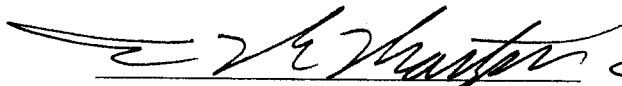


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